

Under the Patent Term Restoration Act of 1985, no payments are required to maintain a patent in force for 18 years.

Effective on 10/01/2004, Patent fees are subject to annual inflation.

Approved for use through 07/31/2005. OMB 0551-0232  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (3) **130.00****METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order Deposit Account  NoneDeposit Account **19-4455**  
Depositor Name **Stoel Rives LLP**

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  
 Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 Credit any overpayments

to the above-identified deposit account.

 Other (please identify): \_\_\_\_\_

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**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee (\$1)	Small Entity Fee (\$1)	Fee Paid (\$1)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____
<b>Subtotal (1)</b>		<b>\$ 0.00</b>	

Complete if Known

Application Number	10/649,116
Filing Date	August 26, 2003
First Named Inventor	Paul Racchi
Examiner Name	McDowell, Marc
Art Unit	3661
Attorney Docket No.	40146/32;6

FEE CALCULATION (continued)

**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$1)	Small Entity Fee (\$1)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims **20 or HP =** \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

Independent Claims **3 or HP =** \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims **Fee (\$1)** **Fee Paid (\$1)****Subtotal (2) \$ 0.00****3. OTHER FEES**

Fee Description	Fee (\$1)	Small Entity Fee (\$1)	Fee Paid (\$1)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure sum. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: <u>Terminal Disclaimer</u>		<b>130.00</b>	
<b>Subtotal (3)</b>		<b>\$ 130.00</b>	

**SUBMITTED BY**

Signature

Name (Print/Type) **Paul S. Angello**

Registration No.

Attorney/Agent **30,991**

Telephone

**503-224-1380**Date **12/3/2004**

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